

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-002426

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

164  
FILED FEB 5 1962

3032

14

## 1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN WarrensburgLength of stay in 1b  
1 yr.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Warrensburg Medical CenterInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Bates

c. CITY  
OR  
TOWN Rich Hill,Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Lulu

Middle

Bell

Last

Krieger

4. DATE  
OF  
DEATH

Month

Jan.

Day

29

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9/5/80

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

J. J. Martin

## 13b. MOTHER'S MAIDEN NAME

Sarah Estes

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Miss Cora Martin, Warrensburg, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary embolus

## INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Pulmonary embolus Rt. leg

Unknown

## DUE TO (c)

Vascular stasis, Post Operative

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

① Intestinal obstruction; 3rd Portion Duodenum  
② Gastro-Jejunostomy Surgery; Arteriosclerotic Vascular Disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from October 1959, to 1-29-62 and last saw him alive on 1-29-62  
Death occurred at 340 P on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

Warrensburg, Missouri

## 22c. DATE SIGNED

1-30-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Jan. 31, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Rich Hill Cemetery

## 23d. LOCATION (City, town, or county)

Rich Hill, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Booth Funeral Home, Rich Hill, Mo

## 25. DATE RECD. BY LOCAL REG.

Jan. 30, 1962

## 26. REGISTRAR'S SIGNATURE

Lavenne C. Custerfield

(Licensed Embalmer - Statement on Reverse Side)

FEB 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Master, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.